



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, EIGHTEENTH MEDICAL COMMAND**  
**UNIT #15281**  
**APO AP 96205-0054**

**REPLY TO  
ATTENTION OF:**

**EAMC-L-P (735)**

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: Policy Memorandum Number \_\_\_\_, Procedures for Capital Expense Equipment Program (CEEP) and Medical Care Support Equipment (MEDCASE) Requirements Submissions**

**1. References:**

- a. AR 40-61
- b. SB 8-75-MEDCASE
- c. AR 735-5
- d. Operations Management Bulletin No. 1-02
- e. Operations Management Circular No. A-11
- f. DFAS-IN 37-100-2002

**2. Purpose.** The purpose of this policy letter is to outline procedures for the submission of Capital Expense Equipment Program (CEEP) and Medical Care Support Equipment (MEDCASE) Requirements.

**3. CEEP DEFINITION.** CEEP is defined as all purchases of personal property (equipment and/or systems with a unit price of less than \$100,000) of a durable nature that, when under normal operating conditions, can expect to have a period of service of a year or more after being put into use without material impairment of its physical condition or functional capacity. This includes:

- a. Both medical and non-medical equipment and systems, which may be property book items.
- b. If an item is sensitive, highly pilferable and requires medical maintenance regardless of cost.
- c. Obligations for services performed in connection with the initial installation.

**4. Excluded from being classified as CEEP are:**

- a. Supplies and materials
- b. Rental/lease of equipment, systems, and services
- c. Commercial off-the-shelf software
- d. Equipment that is consumed or expended within one year after put into use.

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5. The CEEP and MEDCASE are logistics programs. Requests are a unit responsibility. The requesting unit must identify the equipment requirement, provide sources of supply, and prepare the CEEP or MEDCASE request packet. The units prepare a CEEP candidate list that is staffed through their unit, to include the supporting medical maintenance shop. The CEEP packet is forwarded to 18<sup>th</sup> MEDCOM DCSLOG, ATTN: PMD (Property Management Division), 736-6833. PMD assigns a RCN (Requisition Control Number) and routes through DCSLOG Facilities Division and Medical Maintenance Division for review and approval. If the packet is approved and unit funds will be used to make the purchase, the CEEP request will be forwarded back to the respective unit's PBO for processing in Aquiline/PRWeb for procurement. For those CEEP requests that units wish to compete for 18<sup>th</sup> MEDCOM central CEEP funding, the CEEP requests will be retained by PMD and presented to the 18<sup>th</sup> MEDCOM Working Program Budget Advisory Council (WPBAC). Each unit can justify their requirements to the WPBAC and the WPBAC will determine an order of merit listing (OML) that will be executed pending availability of funds. Once central CEEP funding is made available, the approved CEEP request will be forwarded to the respective PBO for processing in Aquiline/PRWeb and DCSRM will put the appropriate fund citation on the request for procurement. (Enclosures 1 and 2)

6. Multiple items within the CEEP dollar threshold may be included on a single CEEP request even though it exceeds the less than \$100,000 limit, as long as these are all the same item (i.e. four \$50,000 model ABC dental chairs are acceptable on the same request). The Equipment Replacement Report (PCN RPBQF-R01), which is generated by the Army Medical Department Property Accountability System (AMEDDPAS), is a useful source for determining the CEEP requirements. This report from respective PBO identifies equipment that may be eligible for replacement based on its life expectancy. The submission requirements for a CEEP request are as follows:

a. EAMC Form 92-R (Capital Expense Equipment Program). All sections must be filled-out, excluding section II and III. Signatures will be added to section IV as the packet is routed through the appropriate staffing agencies. (Enclosure 3)

b. DA Form 3953 (Purchase Request And Commitment). This form must include a document number (block 2) from the appropriate TDA Property Book Office. The respective unit commander completes blocks 34 through 36. Blocks 1 and 19 through 22 are completed by DCSRM once the submission has been approved and the document is entered into Aquiline/PRWeb.)

c. Manufacturer's Literature, Specifications and Quote. This will assist the Contracting Officer in awarding contracts and speeds up the procuring process.

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Several quotes and literature from different manufacturers that satisfy the stated specifications are encouraged. Submitting literature from one manufacturer does not guarantee the procurement of that company's product. However, it is critical to be precise when identifying specifications and requirements. Contracting must have appropriate specifications and requirements to adequately satisfy the request. If you have not appropriately identified the specifications and requirements, it is difficult for contracting to correctly satisfy the request. If you require an item from one specific manufacturer explain why only this one vendor satisfies the requirement.

d. UFR/CEEP/New Mission/Program Change Cover Sheet. If a unit is requesting 18<sup>th</sup> MEDCOM central CEEP funding be used to procure the requirement, complete the attached UFR CEEP/New Mission/Program Change Cover Sheet and forward with the requirement. The Cover Sheet can become very important during the Working Program Budget Advisory Committee (WPBAC) process. (Enclosure 4)

7. MEDCASE. The MEDCASE Program, which is funded with USA MEDCOM dollars, is designed to fund medical equipment or medical support equipment with a dollar value greater than \$99,999. The request packet, consisting of the below listed documents, should be submitted to the DCSLOG Property Management Division. The MEDCASE manager, 736-6833, PMD is a primary point of contact for processing the MEDCASE request through DCSRM to USAMMA via e-mail upon approval of the request by DCSLOG.

- a. DA Form 5027-R (MEDCASE Program Requirement)
- b. EAMC Form 375-R (MEDCASE Equipment Data List)
- c. Maintenance records on equipment that is to be replaced
- d. Documentation of separate approval for non-medical items
- e. Manufacturer or vendor's literature (optional)
- f. Economic Analysis for high-cost equipment of \$1 million or more
- g. Recommendation letter signed by DCSLOG

8. Upon receipt of the CEEP or MEDCASE item you requested, contact the 18<sup>th</sup> MEDCOM Property Management Division, 736-6833, and inform them that it was received to close the requirement and that Requisition Control Number (RCN).

9. Questions concerning this policy letter may be addressed to the Chief, Logistics Plans & Acquisition Division at 736-3203.

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Enclosures:

1. CEEP/MEDCASE Flow Chart
2. UFR Priority Matrix
3. EAMC Form 92-R
4. UFR/CEEP Cover Sheet

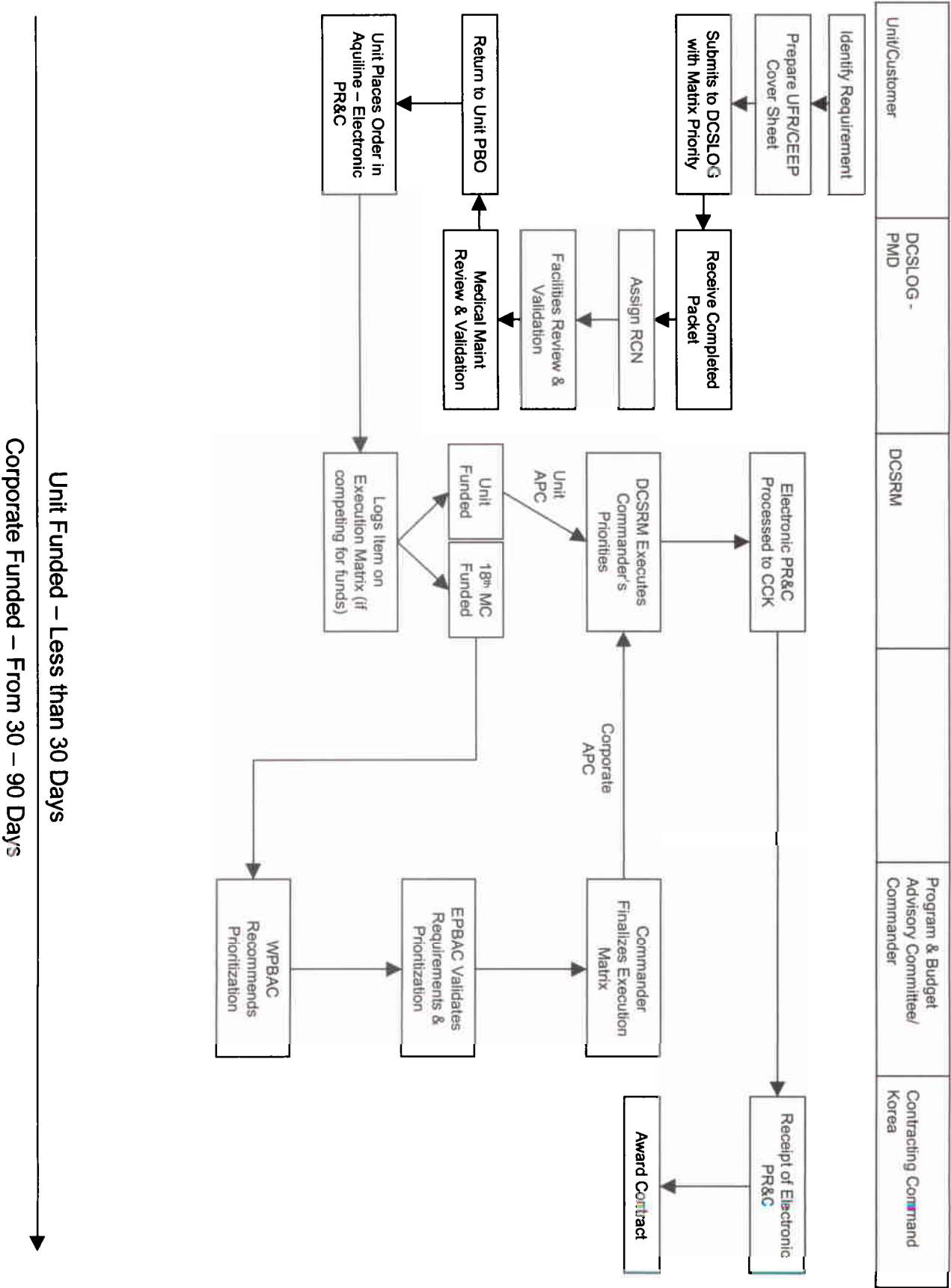
PHILIP VOLPE

Colonel, MC  
Commanding

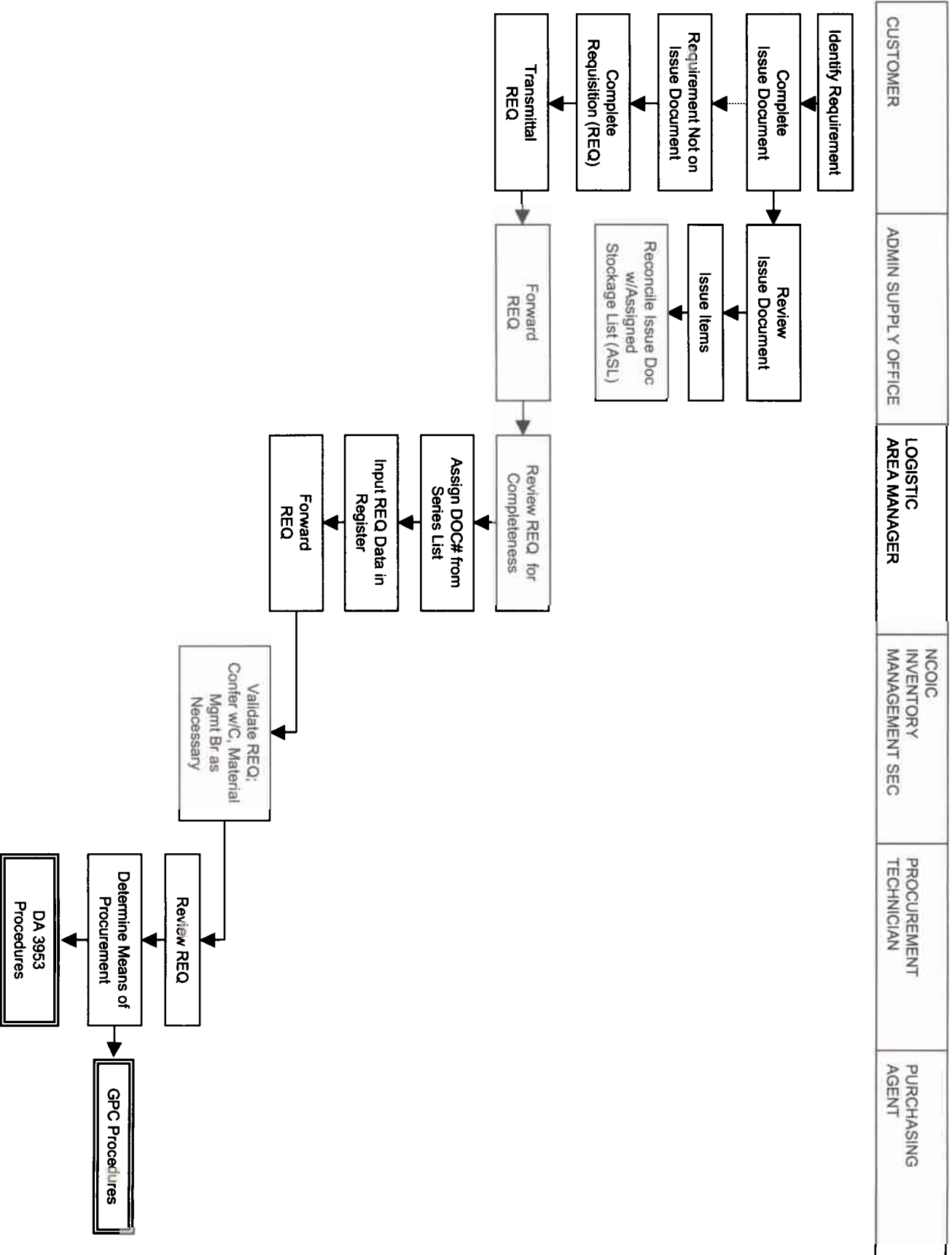
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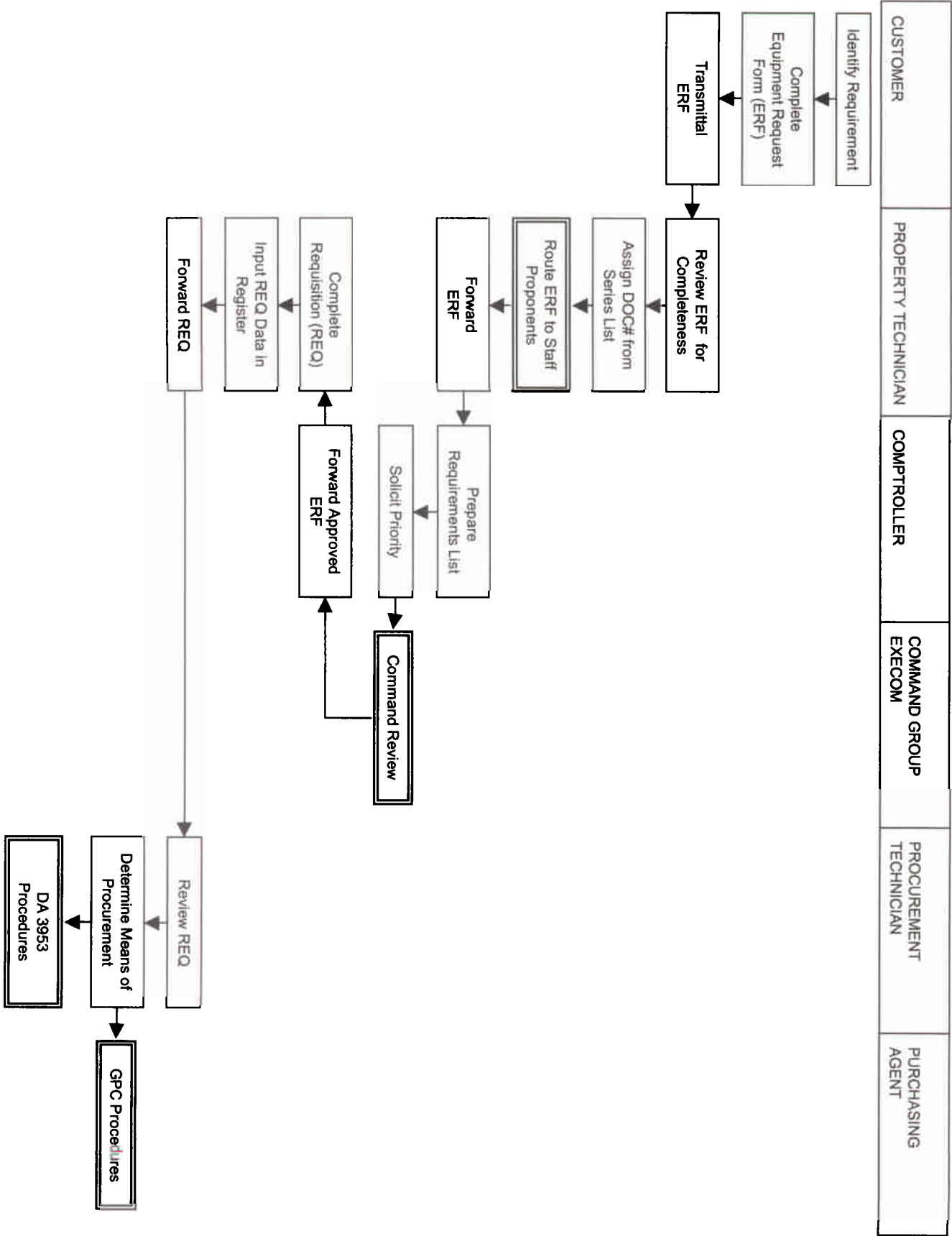
# Capital Expense Equipment Program DEPLOYMENT FLOW CHART



# NON-MEDICAL SUPPLY DEPLOYMENT FLOW CHART



EQUIPMENT (MEDICAL, NON-MEDICAL, ADP, FURNITURE)  
DEPLOYMENT FLOW CHART



# UFR Priority Matrix

## FY 02 CEEP PBAC

Type of Requirement	Critical Care Areas As per the Commander's designation of patient care areas.	General Health Care Areas/Clinics	Admin Support
Actual or Impending Patient Safety Impact (Equipment used to monitor vital physiological functions or life saving equipment & New Msn)	1	2	3
General Health, Safety, Environmental Impact and JCAHO Accreditation (Diagnostic equipment or administrative support equipment essential to patient care)	4	5	6
General Mission Impact (Information Mission Area (IMA) equipment and equipment not usually critical to patient health)	7	8	9
Miscellaneous (Non-Impact, replacement, and Furniture items)	10	11	12



<b>CAPITAL EXPENSE EQUIPMENT PROGRAM (CEEP)</b>				DATE:	
<b>SECTION I: ORIGINATOR</b>					
UNIT		HAND RECEIPT CODE		POINT OF CONTACT	
EQUIPMENT MAKE, MODEL, NOMENCLATURE & <u>OPTIONAL</u> ACCESSORIES:					
UNIT PRICE	QUANTITY	TOTAL PRICE	PRIORITY	GOVERNMENT CONTRACT NUMBER	
NEW EQUIPMENT IS REQUIRED FOR THE FOLLOWING REASONS:					
NEW EQUIPMENT IS REPLACING EXISTING EQUIPMENT: <input type="checkbox"/> NO <input type="checkbox"/> YES MMCN: <input type="checkbox"/> TURN-IN <input type="checkbox"/> TRADE-IN <input type="checkbox"/> RETAIN IN-SERVICE TRAINING IS REQUIRED FOR NEW EQUIPMENT BY VENDOR: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> ON-SITE <input type="checkbox"/> VENDOR FACILITY COST:					
<b>SECTION II: MEDICAL MAINTENANCE</b>					
INSTALLATION REQUIRED: <input type="checkbox"/> NONE (READY FROM BOX) <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> VENDOR <input type="checkbox"/> SERVICE CONTRACT COST: MAINTENANCE WILL BE PROVIDED BY: <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> SERVICE CONTRACT COST: EXISTING EQUIPMENT DATE IN SERVICE: LIFE EXPECTANCY: MAINTENANCE EXPENDATURE LIMIT: CUMMULATIVE COST: <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL					
<b>SECTION III: FACILITY MAINTENANCE</b>					
SITE PREPARATION REQUIRED: <input type="checkbox"/> NONE <input type="checkbox"/> ELECTRICAL COST: <input type="checkbox"/> PLUMBING <input type="checkbox"/> CONSTRUCTION WORK WILL BE PERFORMED BY: <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> DPW <input type="checkbox"/> VENDOR <input type="checkbox"/> SERVICE CONTRACT EXISTING EQUIPMENT DATE IN SERVICE: LIFE EXPECTANCY: <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL					
<b>SECTION IV: SIGNATURES</b>					
ORIGINATOR'S SIGNATURE & DATE			ACTIVITY CHIEF'S SIGNATURE & DATE		
MAINTENANCE CHIEF'S SIGNATURE & DATE			FACILITY CHIEF'S SIGNATURE & DATE		
SUPPLY CHIEF'S SIGNATURE & DATE			COMMANDER'S SIGNATURE & DATE		

<b>MEDCASE PROGRAM REQUIREMENT</b> For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG				1. DATE (YYYYMMDD)
2. ACTIVITY (Name and Address)		3. FROM (Div, Dept or Svc)		4. ASSET CONTROL NUMBER
5. TDA-UIC	6. HAND RECEIPT CODE	7. BUDGET LINE ITEM CODE		
8. REQUIREMENT SUBMISSION <input type="checkbox"/> NEW (1 <sup>st</sup> Submission) <input type="checkbox"/> RE-SUBMISSION	9. POINT OF CONTACT	10. PHONE NUMBER		
11. STANDARD ITEM DESCRIPTION OR GENERIC NOMENCLATURE (See SB 8-75 MEDCASE)				
12. EXTENDED/SYSTEM DESCRIPTION		13. QUANTITY	14. UNIT PRICE	
15. JUSTIFICATION				
15a. HOW IS THE FUNCTION NOW BEING ACCOMPLISHED?				
15b. WHY IS THIS EQUIPMENT REQUIRED? (Workload data, new technology, cost reduction, maintenance costs, equipment down time or nonavailability, obsolescence of current methods, etc.)				
15c. IMPACT IF EQUIPMENT IS NOT PROVIDED				
16. ARE PERSONNEL ASSIGNED AND TRAINED TO OPERATE EQUIPMENT? (If No, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO				
17. SPECIAL EQUIPMENT CATEGORY  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC NF)  <input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC MB)  <input type="checkbox"/> DRUG ABUSE/CONTROL PROGRAM (BLIC DA)  <input type="checkbox"/> REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR)  <input type="checkbox"/> REPLACEMENT NORMAL    <input type="checkbox"/> REPLACEMENT ACCELERATED    <input type="checkbox"/> NEW MISSION    <input type="checkbox"/> MODERNIZATION  <input type="checkbox"/> OTHER    <input type="checkbox"/> UPGRADE    <input type="checkbox"/> EXCESS    <input type="checkbox"/> LEASE             </div> <div style="width: 50%;"> <input type="checkbox"/> CLINICAL INVESTIGATION PROGRAM (BLIC CF)  <input type="checkbox"/> POLLUTION CONTROL PROGRAM (BLIC PC)             </div> </div>				
18. ITEM BEING REPLACED? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. NSN/MCN	20. MMCN	21. SERIAL NUMBER	
22. MODEL NUMBER	23. LOCATION		24. DISPOSITION <input type="checkbox"/> RETAIN AS BACK-UP <input type="checkbox"/> TURN IN AS EXCESS <input type="checkbox"/> TRADE-IN	
25. I CERTIFY THE INFORMATION ON THIS PAGE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
25a. TYPED NAME AND TITLE OF REQUESTOR		25b. SIGNATURE		
26. THIS EQUIPMENT IS NECESSARY FOR THE ACCOMPLISHMENT OF THIS ACTIVITY'S MISSION.				
26a. TYPED NAME AND TITLE OF CHIEF OF DIV/DEPT/SVC		26b. SIGNATURE		

**MEDCASE SUPPORT AND TRANSMITTAL FORM**

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. ACTIVITY

2. ASSET CONTROL NUMBER

**EQUIPMENT MAINTENANCE ACTIVITY**

3. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? (If Yes, explain)

☐ YES ☐ NO

4. MAINTENANCE WILL BE PROVIDED

☐ IN-HOUSE ☐ SERVICE CONTRACT

5. ANNUAL MAINTENANCE COST

6. TRAINING TYPE

☐ NONE ☐ ONE TIME ☐ RECURRING

7. REPLACED ITEM WITH MAKE AND MODEL

8. LIFE EXPECTANCY (Years)

9. DATE IN SERVICE (YYYYMM)

10. MCEL COST

11. EXPENDED COST

12. EQUIPMENT AND INSTALLATION CHARACTERISTICS

☐ REQUIRES INSTALLATION ☐ COMPLEX ☐ ROUTINE☐ REQUIRES TURNKEY INSTALLATION☐ EXISTING EQUIPMENT REQUIRES DE-INSTALLATION☐ ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY

13. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAVE BEEN VERIFIED.

THE REPLACEMENT OF THE ITEM ☐ IS☐ IS NOT SUPPORTED

BASED UPON MAINTENANCE CONSIDERATIONS.

14. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

15. SIGNATURE

**ENGINEER (Health Facility Project Officer for BLIC NF & MB)**

16. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED?

☐ YES ☐ NO

17. ESTIMATED SITE PREPARATION COSTS

18. WITHIN THE SCOPE OF THE PROJECT (BLIC NF OR MB)?

☐ YES ☐ NO

19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

20. SIGNATURE

**INFORMATION MANAGEMENT OFFICER**

21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND

☐ APPROVAL ☐ DISAPPROVAL ☐ N/A

22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

23. SIGNATURE

**RESOURCES MANAGEMENT OFFICER**

24. NON-MEDCASE COSTS ASSOCIATED WITH THIS REQUIREMENT ARE WITHIN CURRENT OR ANTICIPATED RESOURCES OF THIS

☐ YES ☐ NO

25. THE ECONOMIC CONSIDERATIONS CITED (In Justification) HAVE BEEN VERIFIED AND ARE ACCURATE?

☐ YES ☐ NO

26. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

27. SIGNATURE

**RADIOLOGY REVIEW**

28. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND (Comments attached)

☐ APPROVAL ☐ DISAPPROVAL

29. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

30. SIGNATURE

**LOGISTICS REVIEW**

31. I HAVE REVIEWED THIS REQUEST AND RECOMMEND

☐ APPROVAL ☐ DISAPPROVAL

I CERTIFY THIS REQUEST IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. REQUESTED EQUIPMENT IS ELIGIBLE FOR MEDCASE ACQUISITION.

32. TYPED NAME OF LOGISTICS CHIEF

33. SIGNATURE OF LOGISTICS CHIEF

**ACTIVITY COMMANDER REVIEW**

34. I HAVE REVIEWED THIS REQUEST AND RECOMMEND

☐ APPROVAL ☐ DISAPPROVAL ☐ TURNED IN ☐ RETAINED ☐ N/A

36. TYPED NAME OF ACTIVITY COMMANDER

37. SIGNATURE OF ACTIVITY COMMANDER

**REGIONAL MEDICAL COMMAND (RMC) REVIEW**

38. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND

☐ APPROVAL ☐ DISAPPROVAL

39. RMC CONSULTANT ACTION CODE

40. TYPED NAME OF RMC COMMANDER

41. SIGNATURE OF RMC COMMANDER